

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16938

State File No.

2333

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson City Mo  
(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1528 Wabash  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 mo (Specify whether years, months or days)  
In this community 18 mo

3. (a) PRINT FULL NAME ELLA GORDON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife E. P. 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years app. 77 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Linda Gordon

(b) Address Carrollton Mo

17. (a) Removal (b) Date thereof May 21-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marceline Mo

18. (a) Signature of funeral director James M. Langshier

(b) Address Marceline Mo

19. (a) 5-21-43 (b) M. M. Grome (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1528 Wabash 8  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Ann to Ann, 1943;

that I last saw him alive on May 20, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease  
Due to 93A  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Impulse & timing

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature James M. Langshier 35 (M or other) 46  
Address New Date signed 13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Dale Benson*

Licensed Embalmer No.....

*4088*

P. O. Address.....

*Marathon Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**